

**AUTHORIZATION FOR RELEASE OF INFORMATION (265)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 11727 (5-07)

Member's Name (First, Middle, Last)		Person ID	
Mailing Address	City	State	Zip Code

To Whom It May Concern:

I authorize the release and disclosure of the following confidential information:

- ☐ All TFFR and medical records
- ☐ TFFR records only
- ☐ Medical records only
- ☐ Other

The information may be released to the North Dakota Retirement and Investment Office, or its authorized agents, or the following individual or agency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

A copy of this authorization may be accepted as an original. This authorization remains in effect until revoked by me through written notice.

**RETURN TO:**

ND Retirement and Investment Office  
1930 Burnt Boat Drive  
P.O. Box 7100  
Bismarck, ND 58507-7100

Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
[www.nd.gov/rio](http://www.nd.gov/rio)

\_\_\_\_\_  
Member's Signature\_\_\_\_\_  
Date

White - RIO

Yellow - Member